

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560054

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	0					
5	30					
6	30					
7	30					
8	30					
9	30					
10	30					
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		1	9			
TOTAL CLAIMS		10				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.				1		
TOTAL DEP.		1				
TOTAL CLAIMS		10				

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